

Case Number:	CM14-0013144		
Date Assigned:	02/26/2014	Date of Injury:	09/21/2000
Decision Date:	07/24/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 44-year-old female who has submitted a claim for reflex sympathetic dystrophy of the lower limbs associated with an industrial injury date of September 21, 2000. Medical records from 2011 to 2014 were reviewed. The patient complained of chronic, burning right lower extremity pain, particularly on the hip to foot and right ankle, rated 8-9/10. This was accompanied by hypersensitivity, joint tenderness of the right ankle, and joint stiffness of the right ankle and knee joints. Physical examination of the right lower extremity showed limitation of motion of the right knee and tenderness over the lateral talocalcaneal joint and anterior talofibular ligament of the ankle. The diagnosis was reflex sympathetic dystrophy of the lower extremity. Pain medications include ibuprofen 600mg 1 tab q4-6h PRN for pain, ketorolac 10mg 1 tab q4-6h PRN for pain, Neurontin 600mg 1 tab OD, Norco 10/325mg tab q4h PRN for pain, prednisone 10mg, and Zolof 100mg 1 tab OD. Treatment plan includes a request for naltrexone. Treatment to date has included oral and topical analgesics, home exercise program, physical therapy and functional restorative program. Utilization review from January 28, 2014 denied the request for 90 tablets of naltrexone 1.5mg because there were no aberrant drug related behaviors documented.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

90 TABLETS OF NALTREXONE 1.5 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter: Naltrexone; Weaning, opioids (specific guidelines).

Decision rationale: The Official Disability Guidelines (ODG) recommends naltrexone as a second-line option for opioid dependence detoxification treatment, versus methadone or buprenorphine first-line treatment. It is used for patients who are at risk for abuse of opioids by altering recommended oral use. Antagonist medications such as naltrexone can be used post detoxification. The switch from buprenorphine to naltrexone is considered safe 5-7 days after buprenorphine discontinuation. In this case, the patient has been taking Norco since March 2013. A progress report dated January 3, 2014 stated that Norco intake was reduced to once daily as the patient feels that this does not help relieve pain. There is no evidence of opioid dependence in this patient, or initiation of weaning and detoxification. There is no clear rationale for the requested medication. Furthermore, buprenorphine intake was noted as far back as February 2011. A progress report dated August 9, 2011 showed inconsistencies with regards to buprenorphine use based on urine drug screen. The guideline recommends discontinuation of buprenorphine prior to switching to naltrexone. It is unclear whether the patient is still taking buprenorphine at this time as latest urine drug screens were not provided. Therefore, the request for 90 tablets of Naltrexone 1.5 mg is not medically necessary and appropriate.